

L13000169349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

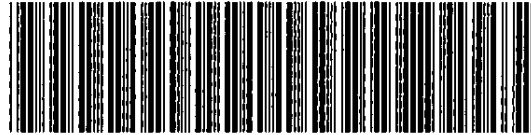
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EFFECTIVE DATE

12-1-13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 6 2013

T. BROWN

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

POWELL HOME INSPECTIONS, P.L.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES POWELL

Name of Person

POWELL HOME INSPECTIONS, P.L.

Firm/Company

463499 SR 200

Address

Yulee, FL 32097

City/State and Zip Code

jpowell086@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES POWELL

Name of Person

at (904) 753-0242
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The Name of the Professional Limited Liability Company is:

POWELL HOME INSPECTIONS, P.L.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address	Mailing Address:
463499 S.R. 200	463499 S.R. 200
Yulee, FL 32097	Yulee, FL 32097

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TALLAHASSEE, FLORIDA

ARTICLE III – Purpose

EFFECTIVE DATE
12-1-13

The purpose for which this Professional Limited Liability Company is organized is:

The professional practice of home inspections

ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature:

Terrell J. Powell

Name

463499 S.R. 200

Florida street address

Yulee, FL 32097

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60, F.S.

Terrell J. Powell

Registered Agent's Signature

ARTICLE V – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGRM	JAMES POWELL

ARTICLE VI – Effective Date

The effective date of this Limited Liability Company is: *December 1, 2013*

James Powell

Signature of member or an authorized representative of member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James Powell

Typed or printed name of signee